

TO: Pat O'Bannon, USFS NOPS
George Motschall, USFS SOPS

FROM: Kim Zagaris, Chief
Fire & Rescue Branch, OES

DATE: September 6, 2002

SUBJECT: OES/LG Overhead Name Request/Suggestion Ordering Procedures

Per our discussions, in the absence of a signed local agreement, it is agreed that procedures outlined in the California Interagency Mobilization Guide will be used to process overhead requests for qualified local government fire department personnel on both in-state and out-of-state assignments. It is OES' goal to provide only personnel, including trainees with the required training and appropriate Position Task Book, who meet the standards as outlined in either NWCG 310-1 or the CICCIS. For those local government fire personnel who do not have a Red Card or a CICCIS Incident Qualification Card, OES will require that the individual provide a Certification Letter from the Fire Chief of the agency sending the personnel. The letter will list all positions for which the individual is qualified.

- OES/LOCAL GOVERNMENT RESOURCES: "OES or local government resources are accessed by using the mechanism of the California Fire Mutual Aid system. This system is activated by placing the request to the Local Operational Area (County) Coordinator, or the designated dispatch center."
- MOBILIZATION: "All agencies will follow the closest resource concept, which is defined as: regardless of the controlling agency, the resource that has the shortest timeframe to reach a predetermined incident location first will be dispatched."
- NAME REQUESTS: "Will only be accepted for highly specialized positions or to meet specific agency objectives. The ordering unit must confirm availability for the individual being requested prior to placing the request." In order to manage the Name Request/Suggestion process in a fair and equitable manner, we agree to use the attached *Name Request/Suggestion Justification Order Form* on all incidents.
- REIMBURSEMENT: Reimbursement for all resource requests processed through OES will be in accordance with the "*Agreement for Interstate Wildland Fire Suppression Assistance to Federal Agencies*" or the "*California Fire Assistance Agreement*". OES will require all local government personnel to complete an *OES F-42 Emergency Activity Record* for time keeping and reimbursement, as well as an *OES F-142A Out of State Travel Expense Claim Reimbursement Log*. Individuals responding to an incident without going through the appropriate ordering process established in the California Mob Guide will be considered voluntary, with no expectation of reimbursement through the OES process.

Form Attached

NAME REQUEST/SUGGESTION JUSTIFICATION ORDER FORM

(FAX or email this completed form to Expanded Dispatch, the local GACC & the home GACC)

Incident Name & Number: _____ ICS Position: _____

Order & Request Number: _____ Date/Time Needed: _____

Name & Agency of person being ordered:

Justification

Have Resource Orders for this position have been returned "Unable To Fill"? _____

Has the availability of the person been confirmed? _____

Is this person a priority trainee. Identify the ICS position? _____

Has the person's Chief/Supervisor approved this special request? _____

Identification of person recommending the Name Request/Suggestion Order

Recommending person's name, title & phone number: _____

Recommending person's home Agency/Unit: _____

Recommending person's incident phone number: _____

Name Request/Suggestion Authorization

Has this request been reviewed by Incident ICS functional chief? _____

(Name, Title & Date) _____

Name Request/Suggestion approved by IC or DPIC: _____

Phone: _____ Date: _____